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CONFIRMATION NO. 7571

SERIAL NUMBER 10/614,664	FILING DATE 07/07/2003  RULE	CLASS 707	GROUP ART UNIT 2163	ATTORNEY DOCKET NO. POU920020113US1
<b>APPLICANTS</b>  Dikran Meliksetian, Danbury, CT;  Jessica Wu Ramirez, Danbury, CT; Nianjun Zhou, Somers, NY;				
<b>** CONTINUING DATA *****</b> <div style="text-align: center; margin-top: 10px;"> <i>NONE ML</i> </div>				
<b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: center; margin-top: 10px;"> <i>NONE ML</i> </div>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/02/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance  Verified and Acknowledged <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">               Examiner's Signature           </div> <div style="text-align: center;">               Initials           </div> </div>	STATE OR  COUNTRY CT	SHEETS  DRAWING 15	TOTAL  CLAIMS 30	INDEPENDENT  CLAIMS 6
<b>ADDRESS</b> John E. Campbell IBM Corporation 2455 South Road, P386 Poughkeepsie , NY 12601				
<b>TITLE</b> Universal format transformation between relational database management systems and extensible markup language using XML relational transformation				
<b>FILING FEE</b>  <b>RECEIVED</b> 1182	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> All Fees         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> 1.16 Fees ( Filing )         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> 1.18 Fees ( Issue )         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Other _____         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Credit         </div>		